

HANSEN'S DISEASE PROGRAM		CONTACT/SUSPECT SCREEN	DATE:
NAME: _____		Index case: _____ DX/Yr. _____	
ADDRESS: _____		SSN: _____ Relationship: _____	
DOB: _____		Inclusive dates of contact: _____	
SSN: _____			

HEALTH HISTORY: _____

PRESENT SYMPTOMATOLOGY _____

*PHYSICAL ASSESSMENT:

EDUCATION: ☐ Cause/Transmission

☐ Signs/Symptoms

☐ Other: _____

SKIN (Total body assessment)

Lesions/insensitivity/hypo-hyperpigmentation/earlobe thickening

EYES	POS	NEG	COMMENTS
7th Cranial Nerve			
Madarosis			
Inflammation			
Ease of eye closure			
Pupillary reaction			

VISION

Left _____ Right _____ Both _____

HANDS (Palpation of)	POS	NEG	COMMENTS
Radial nerve cutaneous			
Median nerve			
Ulnar nerve			
Muscle testing:			
Radial, Median, Ulnar			
Other:			

FEET	POS	NEG	COMMENTS
Peroneal nerve			
Post Tibial nerve			
Muscle weakness			
Other:			

PLAN/REFERRAL _____ Yes No

NAME/TITLE _____ NEXT APPT _____